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JAIL & ARREST DIVERSION GRANT PROGRAM

FY22 ANNUAL REPORT

February 2023



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Executive Summary

This report summarizes the Department of Mental Health's (DMH) activities on the police-based Jail and Arrest Diversion Initiatives from July 1st, 2021, to June 30th, 2022. Line Item 5046-0000 of Chapter 126 of the Acts of 2022 requires DMH to report on "(1) the number of crisis intervention team and jail diversion efforts; (2) the amount of funding per grant, delineated by city, town or provider; (3) potential savings achieved; (4) recommendations for expansion; and (5) outcomes measured."

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The Commonwealth's Jail and Arrest Diversion Initiatives is a grant program offered by DMH to local communities, law enforcement, and behavioral health providers. These projects collectively contribute to the overarching goal of strengthening law enforcement responses to individuals experiencing a behavioral health crisis. Since 2007, the Department of Mental Health has collaborated

with law enforcement and community-based agencies to develop local Jail and Arrest Diversion Projects.

In Fiscal Year 2022, DMH awarded \$9,355,696 in Jail and Arrest Diversion Initiative grant funding to 105 distinct grant projects at an estimated total cost savings of \$16,380,543. Of the 105 projects, there were 36 new grant projects awarded in FY22.

In FY22, DMH grant awards ranged between \$4,000 to \$298,000 per project for diversion activities across three broad categories:

1. Co-Response - embedding a clinician in police department operations to ride along with police officers and co-respond to individuals in a behavioral health crisis.
2. The development, provision, and coordination of behavioral health training models for police and first responders through Training and Technical Assistance Centers.
3. The development and delivery of best practice training models for behavioral health crisis response for police departments, e.g., Mental Health First Aid (MHFA), Crisis Intervention Team (CIT).

Background on Jail and Arrest Diversion

The concept of 'diversion' from the criminal justice system has multiple applications. Diversion program models target different points to 'intercept' along the criminal justice continuum. Jail and Arrest Diversion programs (JDP) seek to create alternatives to arrests and incarceration for individuals encountering law enforcement while experiencing a behavioral health crisis.

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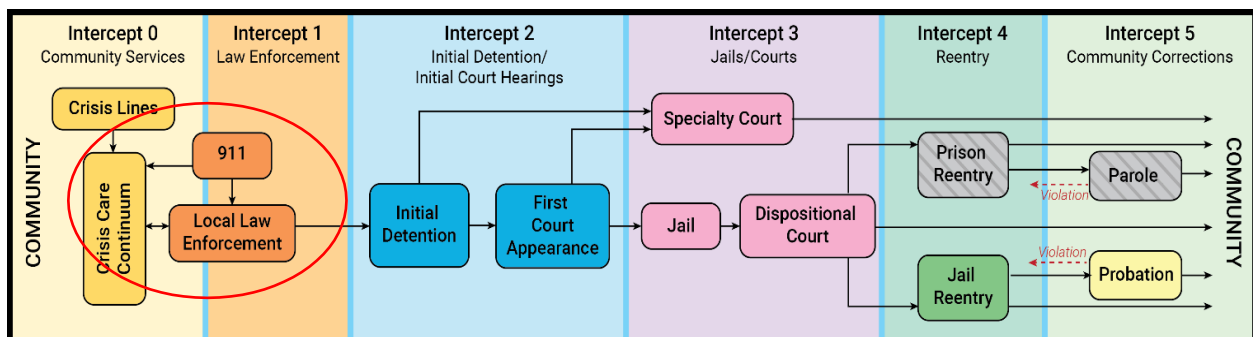
Need for Jail and Arrest Diversion Programs

- People with untreated mental illness are sixteen times more likely to die in a violent confrontation with law enforcement (Becker's Hospital Review, 2020).
- It is estimated that 20% of police calls for service are in response to someone in a mental health and/or substance use crisis, although local estimates are much higher (NPR, 2020).
- According to the Bureau of Justice Statistics, two million arrests (16.9%) in the United States each year involve people with serious mental illness (Becker's Hospital Review, 2020).
- Approximately 2/5 of incarcerated people have a history of mental health conditions, resulting in the need for mental health care and treatment of those persons in jail and prison environments (NAMI, 2022).

The Continuum of Criminal Justice & Behavioral Health Interventions

In Massachusetts, jail and arrest diversion models operate at all intercepts on the Sequential Intercept Model (SIM). The SIM maps how individuals with mental illness and substance use disorders come into contact with and move through the criminal justice system. SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans (Munetz & Griffin, 2006).

The Sequential Intercept Model



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Jail and arrest diversion programs supported by the Department of Mental Health focus on intercepts 0: Community Services and 1: Law Enforcement. Specifically, at intercept 0, police and behavioral health organizations foster relationships and provide training on responses to individuals experiencing a crisis. At intercept one, police dispatchers are trained, Co-Response clinicians are embedded, and multi-agency groups collaborate to identify, strategize, and develop support plans for frequent emergency service utilizers or 'familiar faces' (Munetz & Griffin, 2006).

Jail and Arrest Diversion Strategies in Massachusetts



Jail and arrest diversion models across the Commonwealth effectively and safely redirect individuals away from unnecessary arrests, thereby avoiding further penetration into the criminal justice system. Police-based diversion programs are critical to achieving the best outcomes for individuals served who benefit from diversion from arrest and diversion from needless transports to the emergency

department. The presence of Co-Response clinicians alongside police on the scene supports crisis de-escalation, assessment of individuals' needs, and the development of a treatment

plan. CIT provides guidance for the development of specialized teams within police departments, with a CIT Coordinator, policy, scheduled meetings, coordinated response to behavioral health calls.

The Department of Mental Health's approach has long emphasized the development of best practices and supported projects driven in collaboration with local communities that best understand their own needs. During FY22, DMH funded nine regional Crisis Intervention and Co-Response Training and Technical Assistance Centers (TTACs) to serve as drivers for pre-arrest diversion model replication across the state. DMH further supports public safety personnel by facilitating expanded access to training, skills development, and strategies for resolving crisis calls safely. Subject-matter expertise and information housed at the TTACs is available to help officers minimize the use of force, increase confidence in their abilities, and reduce injuries to all when responding to crisis calls.

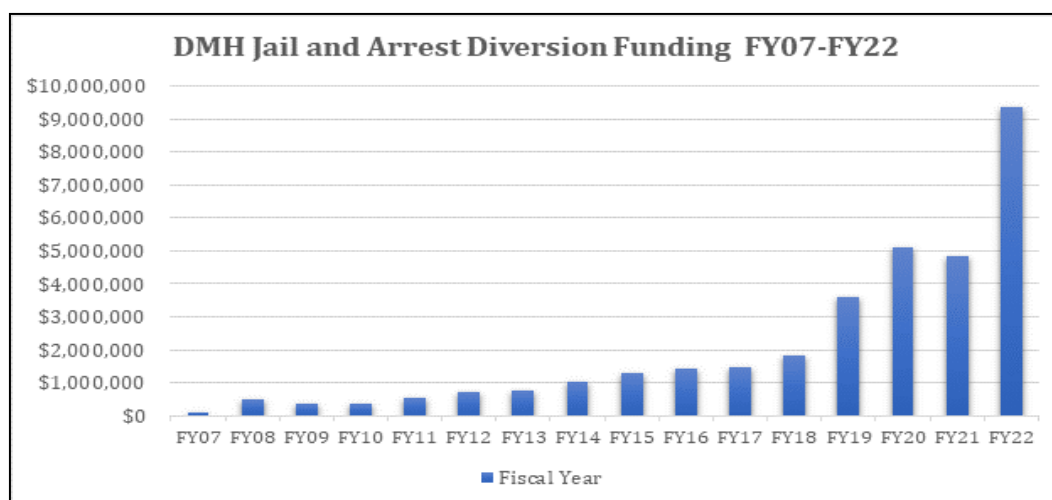
Jail and Arrest Diversion Initiative Funding

The Department of Mental Health has many years of experience training law enforcement officers on mental illness, mental health services, and crisis de-escalation topics. Since 2007, DMH has provided funding for police-based jail and arrest diversion programs.

These initiatives followed the 2003 grass-roots development of the first Co-Response model at the Framingham Police Department. DMH Arrest and Jail Diversion Initiatives grant program funds municipalities directly and funds behavioral health providers for diversion projects in partnership with local law enforcement.

The Commonwealth first appropriated funding for police-based jail diversion in FY07 at \$100,000. By 2017, available funds had risen to \$1,597,075. In FY18, the DMH Jail and Arrest Initiatives expanded following a substantial funding increase, and the number of active grants rose from 32 to 53 projects. At the close of FY21, the number of active grant-supported projects was 69, with a funding allocation of \$4,853,120. In FY22, 105 grantees were awarded funding totaling \$9,355,696.20.

Massachusetts Jail and Arrest Diversion Funding Levels by Fiscal Year



The above funding is also indicative of the costs associated with hiring embedded clinicians for police departments and the costs of training police officers. Training entails one-time costs. Hiring clinicians entails annualized costs.

DMH Jail and Arrest Projects: Grant Types and Descriptions

During FY22, DMH offered a range of diversion project categories for local law enforcement, behavioral health organizations, and their respective communities to consider. Project types and summaries are described below:

✔ Crisis Intervention Team (CIT) Grants

The purpose is to create a Crisis Intervention Team (CIT) model within single urban police departments or regional groups of smaller police agencies.

✓ CIT Technical Assistance Center (CIT-TTAC) Grants

The purpose is to provide regional centers that provide training, technical assistance, and support services to police departments adopting the CIT model. DMH-funded TTACs deliver regularly scheduled standardized CIT curricula. CIT TTAC offers follow-up consultation to police departments during the development of their CIT programs.

✓ Co-Response Grants

The purpose is to support the embedding of specially trained crisis clinicians in law enforcement operations. These grants support municipalities hiring clinicians or subcontracting with a behavioral health partner organization. DMH Co-Response supports individual departments with clinicians and regional adaptations in smaller police agencies where departments share access. In Co-Response programs, the clinician participates in ride-alongs and responds alongside law enforcement to 911 and calls for service. Co-Response clinicians provide formal and informal training to their law enforcement partners, collect and input call data, and coordinate regularly scheduled meetings for program leadership and stakeholders.

✓ Co-Response Technical Assistance Center (CR-TTAC) Grants

The purpose is to ensure model fidelity and operational success of the Co-Response model statewide. These grants support law enforcement and Co-Response practitioners through graduate-level education, evidence-based training, technical assistance, and ongoing support to Co-Responders and their police partners. CR-TTACs facilitate access to advanced training, webinars, scenario-based curriculum, and specialized topics for law enforcement and Co-Responders.

✓ Component JDP Grants

The purpose is to support local municipalities seeking to implement specially tailored arrest diversion strategies according to their individual community's needs. These grants support a formal assessment of need and the development of a responsive approach. DMH grant-funded Component programs often support communities seeking a combination of training, technical assistance, and embedding a Co-Response clinician.

✓ Training/Backfill Grants

The purpose is to support law enforcement agencies seeking advanced and specialized training curricula. These are grants that reimburse the personnel or shift replacement costs

of participating in DMH-sponsored Crisis Intervention Team training (20-25% of department officers), the William James College Graduate Certificate in Crisis Response and Behavioral Health, Mental Health First Aid training, and attendance at national conferences related to CIT and Co-Response, as well as other specialized behavioral health trainings.

✓ **Trainer/Consultant/Researcher Grants**

The purpose is to provide direct awards to individuals and organizations providing jail and arrest diversion consultation services. These grants are available to applicants seeking to support CIT programs, Co-Response programs, or Component jail and arrest diversion programs at any stage of development. Additionally, DMH grants in this category fund individuals providing law enforcement with subject matter expertise, specialized training curriculum for CIT, Mental Health First Aid, Co-Response, and advanced analysis and research.

✓ **Community Planning Grants**

The purpose is to fund police and community groups seeking to host a Sequential Intercept Model (SIM) mapping workshop (or similar approved process) to identify stakeholders and strengthen relationships amongst community-based treatment providers. Central to these projects' success is forming a 'Task Force,' convening regularly scheduled stakeholder groups, creating, and executing a memorandum of understanding (MOU) between critical partners, and police drop-off centers for individuals they have diverted from arrest.

✓ **Drop-Off Center Grants**

The purpose is to support the creation and operation of police Drop-Off centers. In FY 22, DMH grants in this category funded the enhancement of existing community-based program/service sites by adding capacity to receive individuals brought by police as an arrest diversion, with little or no notice, for an ability to complete an assessment, de-escalation, stabilization & referral to appropriate follow-up services. In FY 23, the Drop-Off Center Grant category will be phased out due to the launch of the Community Behavioral Health Centers statewide and their capacity to accept law enforcement drop-offs.

Distribution of DMH FY22 Grants by Program Type.

Program Type	# of Grants	% of Total
Co-Response TTAC	2	1%
Police Drop-Off Center	3	3%
Trainer/ Consultant	5	5%
Crisis Intervention Team	8	8%
CIT TTAC	9	9%
Component	19	18%
Backfill /Training Reimbursement	20	19%
Co-Response	39	37%
Total	105	100%

DMH Jail and Arrest Diversion Training Initiatives

Formal training models supported through this grant category include support for Crisis Intervention Team training (40 hours), Mental Health First Aid (MHFA-8 hours), Integrating Communications and Tactics (I-CAT-16 hours), and specialized curriculum for Co-Response clinicians and their law enforcement partners.

- **Crisis Intervention Team (CIT)**

Since 2008, DMH grant recipients have adopted the Crisis Intervention Team (CIT) model of police-based training and formalizing partnerships with community-based providers. The CIT model creates a specialized law enforcement team that partners with mental health providers to enhance police responses to individuals in crisis. When fully implemented in a police department, the CIT model includes the development of a multi-agency community-based infrastructure, regularly scheduled CIT meetings, identification of CIT Officers, creating formal policies, and formalizing arrest diversion efforts.

- **Mental Health First Aid (MHFA)**

Mental Health First Aid (MHFA) is an 8-hour manualized curriculum delivered by certified instructors across the Commonwealth. Training materials are presented utilizing hands-on

activities to develop participants' skills for responding to individuals in crisis. MHFA for law enforcement is ideally co-taught by officers and clinician instructors.

Mental Health First Aid training may be requested and hosted by any law enforcement organization. DMH funds MHFA through our regional CIT and Co-Response Training and Technical Assistance Centers. Individual police departments offer MHFA training, supported by DMH grant funds, while officer participation is supported using backfill/training reimbursement grants.



Participants and trainers from an FY22 DMH funded Behavioral Health Network (BHN) Crisis Intervention Team training in Western Massachusetts are Pictured here.

- **CIT Training & Technical Assistance Centers**

The Crisis Intervention Team Training & Technical Assistance Center (CIT-TTAC) is a program supported by DMH and introduced in Fiscal Year 2014 to create accessible 'hubs' for Crisis Intervention Team development across regions. Each CIT-TTAC partners with surrounding towns and police departments to provide the 40-hours CIT curriculum.

CIT-TTACs offer advanced training for public safety personnel, facilitate community partnerships, create organizational affiliations, and offer program mentoring and on-demand technical assistance. The overarching goal of a CIT-TTAC is to assist local law enforcement agencies with developing and implementing a robust Crisis Intervention Team program in their department.

- **Co-Response Training and Technical Assistance Centers**

DMH first supported the Co-Response Training and Technical Assistance Center (CR-TTAC) model in 2018 to serve as a hub for Co-Responder program development, operations, and training. CR-TTAC offers Co-Response clinicians, and their police partners the opportunity to participate in training developed to support Co-Response operations and strengthen

clinical interventions. It also supports the onboarding and implementation of Co-Response programs throughout the Commonwealth.

During FY22, William James College (WJC) received DMH funding to launch the first Co-Response Training and Technical Assistance Center housed in an educational institution. The WJC CR-TTAC offers an interdisciplinary 10-credit graduate-level Crisis Response and Behavioral Health Certificate. Enrolled students participate in rigorous, scenario-based evidence-based curricula and practical simulations. The CR-TTAC offers technical assistance, regularly scheduled Co-Response webinars, a Co-Response Research Hub, a Co-Response Community of Practice, and an annual Co-Response research symposium.

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Data Collection and Analysis

The collection and analysis of outcome data related to DMH-funded jail/arrest programs continue to be a DMH priority. Given the expansion of grant funding, data collection and standardized reporting are essential quality control components of law enforcement-based diversion programs. In FY 22, DMH launched a new initiative focused on analyzing program data related to diversion outcomes across all programs, regardless of model. As part of this effort, the DMH Jail and Arrest Diversion database is being updated and expanded to reflect our commitment to data-driven models with articulate outcomes.

Pre-arrest Jail Diversion Programs (JDP) have been rapidly expanding statewide, both in terms of the number of communities being served and the scope of interventions being provided. DMH collects data on jail and arrest activities resulting in diversion from unnecessary arrest, diversion from overcrowded emergency departments, successful de-escalation, and the contributing factors which impact diversion outcomes. During FY22, DMH has been actively evaluating the diversion data collected in our database, enhancing data integrity and increasing data reliability. DMH hosts a public data viewing platform; the online dashboard can be found here: [DMH Jail Diversion Data Dashboard](#).

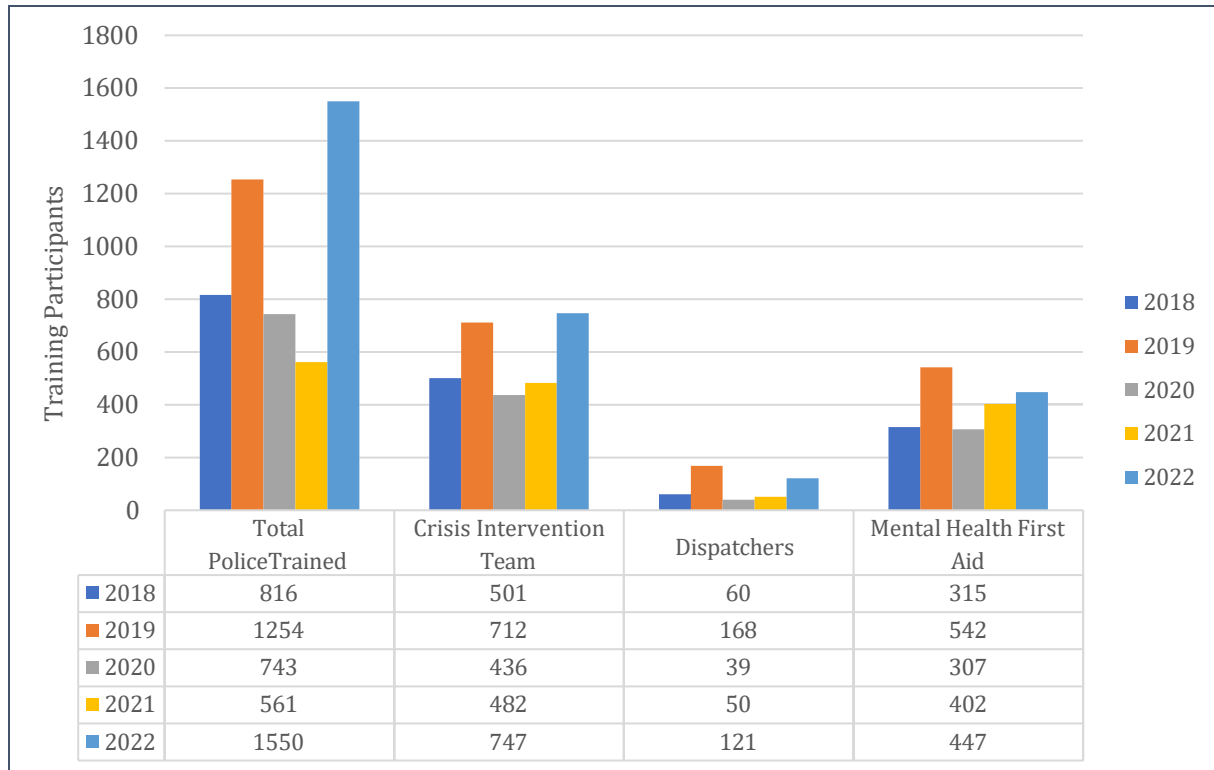
As pandemic restrictions have loosened, projects have become more active in their communities.

FY22 Jail and Arrest Diversion Training Summary

In FY22, statewide training availability and delivery methods were significantly less impacted by the COVID-19 pandemic. Training availability and training hours doubled from FY21 to FY22. Efforts to provide in-person and remote training continued at the regional training centers in FY22 and increased the number of participants. The total number of training hours delivered in FY 22 was 37,036, representing 192% growth over FY21. The

chart below shows a five-year summary of police officer and public safety dispatcher Crisis Intervention Team, Mental Health First Aid training participation rates.

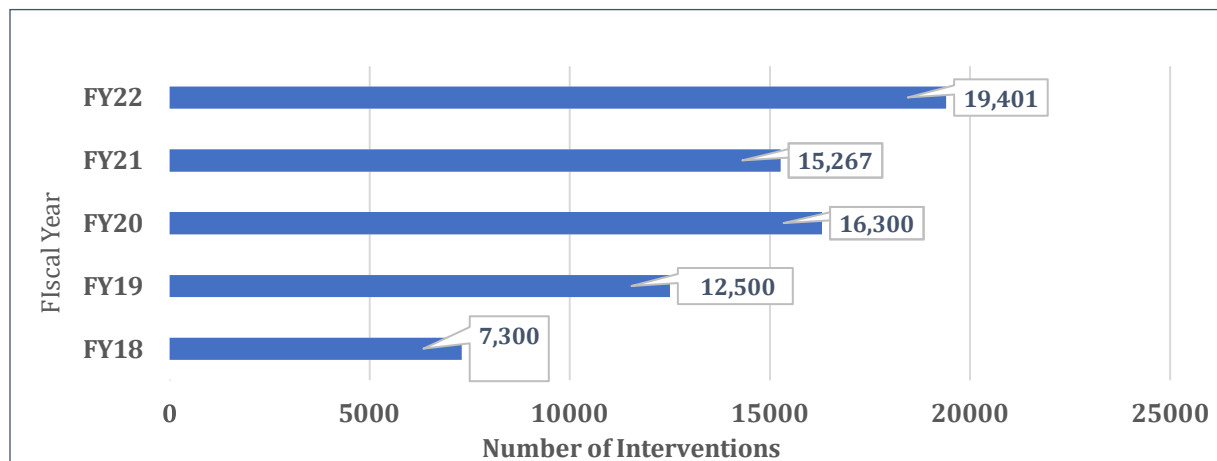
Jail and Arrest Diversion Training for Law Enforcement FY18-FY22



Summary of Police-Based Jail and Arrest Outcomes

The graph below represents the total number of interventions performed by police-based jail and arrests of DMH grant-funded programs for FY18-FY22.

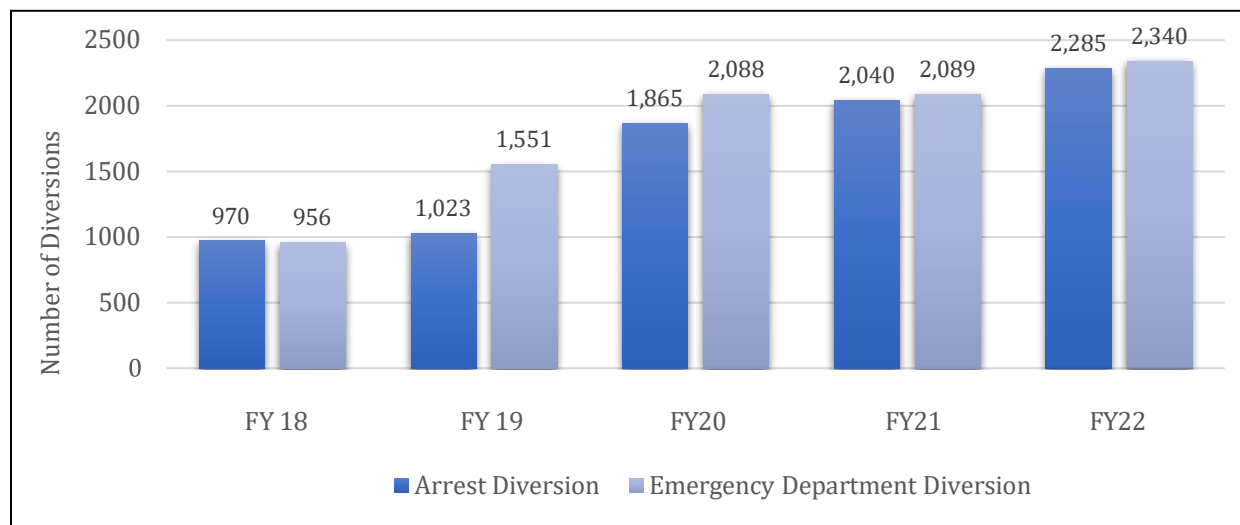
Total Interventions Performed by Grantees FY18-FY22



The following graph shows the FY18-FY22 number of diversions from arrests and emergency department visits by year.

Total Diversion Outcomes by Grantees FY18-FY22

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Technical Assistance Services Provided

DMH funds Jail and Arrest Diversion technical assistance statewide to law enforcement and their behavioral health partner agencies. Available consultation includes identifying the most suitable diversion model, initiating, and launching a new diversion program, creating policies and procedures, and applying for DMH grant support. Technical assistance is provided by the nine regional TTACs (Training and Technical Assistance Centers) in coordination with DMH Jail and Arrest Diversion Initiative team members.

In FY 22 there were 83 Trainings and 37,036 hours of training provided by all the TTAC's. During FY22, an additional 401 hours of technical assistance, consultation and coaching were provided to law enforcement and behavioral health providers utilizing the Co-Response and Crisis Intervention Team TTAC's staff.

Statewide Impact of Jail Diversion Grants

Massachusetts municipal police departments and state police personnel are directly and positively impacted by receiving a grant from DMH. Once operational, DMH grants facilitate greater access to training and technical assistance on Jail and Arrest Diversion statewide. Due to the expansion of CIT and Co-Response TTACs, many more communities

and clinicians are availing themselves of Crisis Intervention Teams, advanced de-escalation training, and Co-Response-related education and training at no additional cost.

Estimated Cost Savings Achieved in Fiscal Year 2022

High cost and personnel savings are realized by jail and arrest diversion programs. Criminal justice and health care costs are saved by stabilizing the individual on-scene - in lieu of an inappropriate arrest or unnecessary trip to the Emergency Department. Criminal justice savings are associated with the arrest, the booking process, report writing, preparation for and attendance at court, and other pre-trial processing. Healthcare system cost savings are achieved by reducing unnecessary emergency department visits or hospitalizations.

Estimated Health Care Costs per ED Visit

On average, emergency department level of care for mental health assessment/treatment incurs a cost of \$2,700 per day for an individual. (Consumer Health Ratings, 2021)

Estimated Public Safety Costs per Arrest

On average the cost of police and court activity incurred is calculated at a rate of \$2,990 per arrest. (Urban Institute, 2021)

Individuals who receive a response from a dedicated CIT officer or embedded Co-Response clinician are less likely to be arrested for minor offenses and more likely to be stabilized on-scene or connected to community-based treatment.

Across the country, calculating the actual cost savings realized by jail and arrest diversion programs is challenging. Health care and criminal justice costs are often examined separately. They do not include an analysis of long-term expenditures or intangible savings (consumer and officer injuries, missed work, bail, etc.). Quantifying the cost savings achieved by hospital and arrest diversion are therefore offered as estimates. Long-established benchmarks in the Commonwealth have assessed the average costs associated with hospital

Estimated Incarceration Costs per Incident

On average the cost of a pre-trial incarceration resulting for an arrest/incident incurs an average cost of \$5,650. (Vera Institute of Justice, 2015)

emergency department visits for behavioral health conditions and arrests for misdemeanor/minor offenses.

It is not always appropriate to divert a person from an Emergency Department if this level of care is clinically indicated. However, Emergency Departments often serve as the only available option for law enforcement when community-based services are not readily available.

Instead, the goal is to assess the individual needs in the moment safely, offer support, and determine the best course of action. In such instances, a diversion is desirable and can achieve significant healthcare cost savings while reducing trauma to the individual served. Emergency Department diversions preserve these resources for those in emergent need and prevent a lengthy and frustrating wait in an ED.

Criminal justice system costs begin at the point of an arrest and continue to accrue as a person penetrates further into the system. Although law enforcement authority allows for an arrest, specialized training and clinical support on-scene reduce the need. As a result of these DMH-funded initiatives, law enforcement can more confidently divert from arrest and refer to community-based treatment. Additionally, if effective de-escalation techniques are employed or alternative resources are offered at the earliest stages of a police encounter, individuals will be better served and less likely to need higher levels of care.

FY 22 Estimated Cost Savings Chart

The following chart shows the estimated cost savings by diversion activities, Diversion from Arrest, Diversion from Incarceration, and Diversion from Emergency Departments.

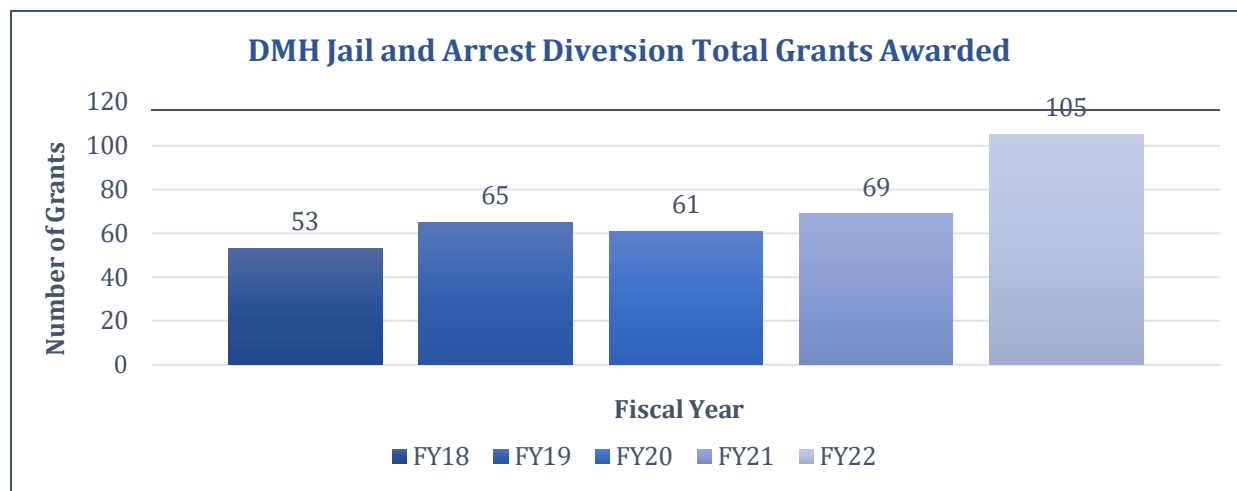
# of Arrest Diversions	# Incarceration Diversions	#Emergency Department Diversions
2,285 estimated diversions x \$2,990 (per incident)	571 estimated diversions x \$5,650 (per incident)	2,340 estimated diversions x \$2,700 (per incident)
\$6,833,460	\$3,228,182	\$6,318,901

FY22 Total Estimated Cost Savings = \$16,380,543

The Rationale for Continued Expansion

During FY22, the Department of Mental Health received unprecedented applications for grant funding and technical assistance through the Jail and Arrest Diversion Initiatives. Requests for jail and arrest diversion models were received from law enforcement, educational institutions, and community-based organizations across the state. Funding requests increased by 51% over FY21 and represent the robust demand across the Commonwealth.

The graph below reveals the growth of grant awards over the past five years, demonstrating that despite the challenges of COVID-19, demand for DMH grants increased and continues to climb.



In FY22, despite the lingering obstacles posed by the COVID-19 pandemic, law enforcement in Massachusetts utilized DMH funding for CIT training, MHFA training, launching Co-Response programs, consultation with Training and Technical Assistance Centers, and other innovative strategies.

The Commonwealth has several compelling reasons to continue expanding the capacity and reach of this grant program:

- DMH has compiled substantial evidence that local jail and arrest diversion projects supported by this grant program have tangible and positive impacts on police responses to individuals with behavioral health conditions in the community.
- Law enforcement agencies benefit by training personnel to deliver improved responses and interventions, resulting in arrest and emergency department diversions, less use of force, and improved community relations.
- The Commonwealth's annual investment in jail diversion projects (by a conservative estimate) has a cost-benefit of almost \$2 in savings for every \$1 spent. Healthcare and criminal justice system cost savings facilitate the return on investment.
- The Jail and Arrest Diversion Initiatives complement other significant initiatives in the Commonwealth, such as Criminal Justice Reform, Police Reform, Specialty Court Expansion, and the Community Justice Project (organized by the Executive Office of the Trial Court, which focuses on bringing local service resources together with law enforcement to improve systemic responses to people in behavioral health crisis).
- At the urging of the International Association of Chiefs of Police and Massachusetts Chiefs of Police Association, police departments across the state are highly motivated to

train most of their uniformed personnel in MHFA, advanced de-escalation topics, and the recommended 20% of personnel in CIT.

- Larger departments are training in more significant numbers, creating increased demand and utilization of the CIT and CR-TTACs, jail diversion grants, and technical assistance from the Commonwealth.
- There is strong national and local advocacy for increased crisis training and Co-Responder presence on law enforcement calls to individuals experiencing a mental health crisis.
- During FY22, the Department of Mental Health regularly accepted requests for additional funds to expand existing projects, alongside new requests from communities to plan and launch jail and arrest diversion projects.

Conclusion

There is a tremendous opportunity to build on successful collaborations and partnerships across the state and to meet the demand for jail diversion programs. The DMH Jail and Arrest grants are distributed across the state and fund various innovative projects. Given the statewide and national attention on law enforcement and their training needs, the Massachusetts Jail & Arrest Diversion Initiatives has never been more critical. Additionally, there are increasing demands for clinical input into policing matters and calls for service.

The outcomes highlighted here demonstrate that jail diversion projects effectively establish more robust community supports, increase law enforcement's skills with behavioral health crisis calls, improve outcomes for the public, facilitate better health, and improve well-being for the communities served. These projects also reduce the overall cost to the Commonwealth's public safety and health care systems. Law enforcement has been eager to continue and enhance their projects with DMH funding, and the number of grants awarded has increased to the highest level to date.

The Department of Mental Health sees the Massachusetts Jail and Arrest Diversion Initiatives as a highly effective and valued asset to the Commonwealth. It serves as a model for other states to emulate. Encompassing a wide array of services, including training, behavioral health interventions, and improving police encounters for people in crisis, we believe that these grant-funded programs have been essential contributors to meeting our communities' evolving needs. In addition, our FY23 goals include continuing to contribute to evidence-based interventions, guiding best practices, and expanding financial and operational support for JDP throughout the Commonwealth.

APPENDIX List of DMH Grant Awardees in FY22

TVendor Name	Project Type	FY 22 Award
Abbott Solutions for Justice*	Trainer/Consultant	\$72,150.00
Town of Acton*	Co-Response	\$85,700.00
Advocates, Inc.	Co-Response TTAC	\$281,977.00
Town of Amherst	CIT	\$23,962.00
Town of Arlington	Co-Response	\$45,000.00
Town of Ashburnham*	Backfill & Training Reimbursement	\$10,000.00
Town of Barnstable	CIT	\$59,802.00
Town of Barnstable	Co-Response	\$59,000.00
Town of Bedford	Co-Response, Regional	\$180,000.00
Behavioral Health Network, Inc.	Police Drop-Off Center	\$242,990.00
Behavioral Health Network, Inc.*	CIT-TTAC	\$212,798.00
Town of Belchertown*	Component JDP	\$7,811.00
Town of Belmont*	Co-Response	\$99,999.00
City of Beverly	Co-Response, Regional	\$180,000.00
City of Boston	Backfill & Training Reimbursement	\$72,600.00
City of Boston	Co-Response	\$106,575.00
City of Boston	CIT TTAC	\$87,313.00
Boston College*	Trainer/Consultant	\$90,809.00
Town of Braintree	Co-Response, Regional	\$99,851.00
Town of Braintree*	Backfill & Training Reimbursement	\$40,000.00
Town of Braintree*	CIT TTAC	\$266,088.00
Town of Bridgewater	Co-Response, Regional	\$126,000.00
Town of Bridgewater*	Backfill & Training Reimbursement	\$36,095.00
City of Brockton	Component JDP	\$50,000.00
Town of Brookline	CIT-TTAC	\$246,012.00

City of Chelsea	Backfill & Training Reimbursement	\$36,400.00
City of Chelsea	Co-Response	\$100,000.00
City of Chicopee	Backfill & Training Reimbursement	\$36,970.00
Clinical and Support Options, Inc.*	Police Drop off center	\$201,863.00
Clinical and Support Options, Inc.*	Police Drop off center	\$201,863.00
Town of Danvers	Co-Response & CIT	\$64,238.40
Town of Deerfield	CIT	\$26,000.00
Town of Dennis	Component JDP	\$62,692.00
City of Easthampton*	Co-response, Regional	\$45,000.00
Eliot Community Human Services	Co-response	\$74,100.00
Town of Erving*	Component JDP	\$16,500.00
City of Everett	Component JDP	\$90,000.00
City of Fall River	CIT	\$59,640.00
City of Fitchburg	Component JDP	\$57,972.00
City of Framingham	Co-response	\$80,000.00
Town of Franklin	Co-Response, Regional	\$98,557.00
Town of Grafton*	Co-Response, Regional	\$30,000.00
City of Greenfield	CIT	\$60,000.00
City of Greenfield*	Co-response	\$90,000.00
Town of Holliston*	Co-response, Regional	\$100,000.00
City of Holyoke	Component JDP	\$100,000.00
Town of Hudson	Co-Response, Regional	\$94,962.00
City of Leominster*	CIT	\$60,000.00
Town of Longmeadow	Backfill & Training Reimbursement	\$7,800.00
City of Lowell	Co-Response	\$57,183.00
City of Lowell*	Backfill & Training Reimbursement	\$40,000.00
City of Lynn	Co-Response	\$88,188.80
City of Malden	Component JDP	\$110,000.00

Town of Mansfield*	Co-response	\$92,808.00
Town of Marblehead*	Component JDP	\$30,000.00
City of Marlborough	Co-Response	\$45,000.00
Mass State Police	Backfill & Training Reimbursement	\$50,000.00
Mass State Police*	Co-response	\$50,985.00
City of Medford	Component JDP	\$173,133.00
Town of Montague*	Backfill & Training Reimbursement	\$27,000.00
NAMI Massachusetts	Trainer/Consultant	\$155,000.00
NAMI Massachusetts	Statewide I & R Service	\$143,000.00
Town of Natick	Co-Response	\$96,600.00
City of New Bedford*	Component JDP	\$91,776.00
Town of North Reading	Backfill & Training Reimbursement	\$30,000.00
City of Northampton	Co-Response	\$166,301.00
Town of Northbridge	Component, Regional	\$202,330.00
Town of Norwood*	Co-Response	\$30,000.00
Open Sky*	CIT-TTAC	\$268,000.00
Town of Pepperell	Component, Regional	\$74,585.00
Town of Randolph	Co-Response	\$101,500.00
Town of Randolph*	Backfill & Training Reimbursement	\$91,000.00
Town of Raynham*	Component JDP	\$25,000.00
City of Revere	Backfill & Training Reimbursement	\$52,500.00
City of Salem	Co-Response & CIT	\$105,132.00
SEG Consulting*	Trainer/Consultant	\$14,000.00
Town of Shrewsbury*	Co-Response	\$99,999.00
Town of South Hadley	Component JDP	\$12,620.00
Town of South Hadley*	Co-response, Regional	\$30,540.00
Town of Southbridge	Backfill & Training Reimbursement	\$22,000.00
Town of Spencer	Backfill & Training Reimbursement	\$4,000.00

City of Somerville	CIT	\$37,315.00
City of Somerville	CIT-TTAC	\$298,280.00
City of Springfield	CIT	\$100,000.00
Town of Stoneham	Backfill & Training Reimbursement	\$20,000.00
Town of Stoneham	Co-Response, Regional	\$90,000.00
Town of Stow*	Co-response, Regional	\$100,000.00
Town of Sturbridge	Backfill & Training Reimbursement	\$8,675.00
Town of Sturbridge*	Component JDP	\$24,713.00
City of Taunton*	Component JDP	\$115,050.00
City of Taunton	CCIT-TTAC	\$138,400.00
Town of Tewksbury	Co-Response, Regional	\$228,454.00
Town of Tewksbury*	CIT TTAC	\$214,000.00
Town of Wakefield	Co-Response & CIT	\$100,000.00
City of Waltham	Co-Response	\$43,000.00
Town of Ware	Backfill & Training Reimbursement	\$20,000.00
Town of Watertown	Co-Response	\$45,000.00
Town of Westborough	Co-Response, Regional	\$94,956.00
Town of Westwood	Backfill & Training Reimbursement	\$8,800.00
Town of Weymouth	Co-Response- Regional	\$100,000.00
Town of Wilbraham	Backfill & Training Reimbursement	\$7,000.00
William James College*	CR-TTAC	\$135,202.00
Town of Winthrop	Component JDP	\$89,581.00
City of Worcester	CIT	\$80,000.00
Town of Yarmouth	Component JDP	\$100,000.00

** Denotes a new grant (FY22)*

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